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RECEIPT  
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PATENTS TROY, MICHIGAN  
TELEX NO. & REPLY  
287637 HARNES UR  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hal J. Miller, Jr.  
Title: **Plastic Bag Holder**  
Serial No.: 09/620,806  
Filed: July 21, 2000  
Docket No.: 5062-000001

**Request for  
Official Filing Receipt**

Hon. Commissioner of Patents and Trademarks  
Washington, D.C. 20231

**RECEIVED**  
**FEB 06 2001**  
**TO 3600 MAIL ROOM**

Sir:

We have noted in reviewing our application file records, that we have not yet received the Official Filing Receipt for the above referenced patent application. Please forward to us the Official Filing Receipt so our file will contain the appropriate information relating to this application.

Respectfully,  
Attorneys for Applicant(s)

HKM/rf

Dated: 11/27/00

Harnes, Dickey & Pierce, P.L.C.  
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/620,806	<b>FILING DATE</b> 07/21/2000 <b>RULE</b> _	<b>CLASS</b> 294	<b>GROUP ART UNIT</b> 3652	<b>ATTORNEY DOCKET NO.</b> 5062-000001	
<b>APPLICANTS</b> Hal J. Miller JR., Harrison Township, MI ; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/08/2000</b> <div style="float: right; border: 1px solid black; padding: 5px; transform: rotate(-10deg);"> <b>RECEIVED</b>  <b>FEB 06 2001</b>  <b>TO 3600 MAIL ROOM</b> </div>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Harness, Dickey & Pierce, P.L.C. P.O. Box 828 Bloomfield Hills ,MI 48303					
<b>TITLE</b> Plastic bag holder					
<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		